

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1299

63-042923

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 18 1963

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Joseph

Length of stay in lb

life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

2909 Charles

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY  
OR  
TOWN

St. Joseph

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

2909 Charles

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

GERTRUDE

MAY

CHOKA

## 4. DATE OF DEATH

Month

Day

Year

November 11, 1963

## 5. SEX

female

## 6. COLOR OR RACE

white

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/16/1886

## 9. AGE (last birthday)

77

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

## 11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Stephen O. Buskirk

## 13b. MOTHER'S MAIDEN NAME

Mary Lafavor

## 14. NAME OF HUSBAND OR WIFE

Joseph J.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

## 16. SOCIAL SECURITY NO.

42

## 17. INFORMANT

Norman Choka, Grandview, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

arteriosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

2 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

orthostatic cardiovascular disease

yes

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1-12-62 to 11-11-63 and last saw her alive on 11-10-63. Death occurred at 8:35 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

MD

## 22b. ADDRESS

702 Julia, St. Joseph Mo

## 22c. DATE SIGNED

11-13-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

11/14/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Heston-Bowman, St. Joseph, Mo

## 25. DATE RECD. BY LOCAL REG.

Nov. 15, 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

R.L. Maginn, Medical Certification

Permitted 11-12-63

211  
211  
1  
8  
0  
8

0-08

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th, H. Joseph MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.